

VACANCY APPLICATION FORM

FRA is an equal employment opportunity provider.

Kindly note that only short listed candidates will be contacted for interviews.

Should you not receive any formal acknowledgement of your application from FRA within 5 weeks of

lodging your application, it is deemed to be unsuccessful.

We thank you for considering FRA as a potential employer and wish you well.

| POSITION YOU ARE APPLYING FOR | |
|--|--|
| VACANCY REFERENCE NUMBER | |
| SUITABLE START DATE Alternatively you may provide the duration of your notice period | |
| SALARY EXPECTATION (FJD) | |

| EMPLOYEE PERSON | AL DETAILS | | | | | | | |
|--------------------------|--------------|--------------------|---------------|------|---------|------------|---------|-----------|
| Courtesy Title | Mr. 🗆 | Mrs. 🗆 | | | Miss. 🗆 | | | Ms. □ |
| | First N | st Name Middle Nan | | ame(| me(s) | | Surname | |
| Name | | | | | | | | |
| Home Address | | | | | | | | |
| Postal Address | | | | | | | | |
| Telephone Contact | Mobile | L | | La | Indline | | | |
| Email Address | | | | | | | | |
| Date of Birth (dd/mm/yy) | | | | Cit | tizen | ship | | |
| Status | Married / Pa | artner 🗆 | rtner Single | | | Divorced 🗆 | | |
| | Number | | | Auto | | | Ma | anual 🗆 |
| Driving License | Class | | Full 🗆 | | Pro | visional [| | Learner 🗆 |
| Defensive Driving | Certificate | e Number | | | | Date Co | omplete | d |

| MEDICAL INFORMATION (This information is strictly confidential and will only be referred to in a medical em | nergency involving you) | | |
|--|-------------------------|--|--|
| Do you have any medical condition which may adversely affect your ability to perform this role? Yes No □ | | | |
| Illness and Allergies Declaration ? | | | |
| | | | |
| adversely affect your ability to perform this role? | | | |

| Do you any traffic / criminal convictions or pending cases against you? | Yes 🗆 | No 🗆 |
|---|-------|------|
| If answered 'Yes', please provide details | | |
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| Yes No |
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| |
| Relationship |
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| TERTIARY EDUCATION (relevant to the position applied for and in order of highest qualification) | | | | |
|--|-------|-------|-----------|-----|
| PROGRAMME / INSTITUTION | MAJOR | MINOR | DATE | GPA |
| | | | COMPLETED | |
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Applicants must attach certified copies of all certificates and academic transcripts stated above.

| OTHER RELEVANT TRAININGS / ACCREDITATION | S (relevant to the position appli | ed for) |
|--|-----------------------------------|---------|
| PROGRAMME / INSTITUTION | INSTITUTION | YEAR |
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| CONTINUING STUDIES | | |
|--|-------|------|
| Are you currently pursuing further studies or intend to take up further studies? | Yes 🗆 | No 🗆 |
| If yes, please provide details. | | |
| | | |

| EMPLOYMENT BACKG | ROUND (In order of recen | t to the oldest) | |
|------------------|--------------------------|---------------------|--------------------|
| Employer | Position | Start and End Dates | Reason For Leaving |
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| MEMBERSHIPS WITH PROFESSIONAL BODIES | (relevant to the position applied | l for) |
|--------------------------------------|-----------------------------------|----------|
| Professional Body | Membership Number | Duration |
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| COMMUNICATION | | | |
|-------------------|------------|--------------|---------|
| ENGLISH – WRITTEN | Proficient | Satisfactory | Basic 🗆 |
| ENGLISH – ORAL | Proficient | Satisfactory | Basic 🗆 |

| Are you able to communicate in other languages? If yes, please state level of proficiency of written and |
|--|
| oral skills. |
| |

| COMPUTER LITERACY | | | | | |
|--|------------|--|--------------|---------|--|
| MS – OFFICE | Proficient | | Satisfactory | Basic 🗆 | |
| What other softwares or applications can you use in relation to the role you have applied for? Please state proficiency level. | | | | | |
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RELEVANT WORK EXPERIENCE

Based on the scope of work to be performed for the role you have applied for, please state your relevant work experience. Please do not include any work experience that is not relevant to this role.

NOTE: This section plays a key role in reviewing applications for shortlisting.

Should you require additional pages, please attach to back of this page and indicate additional pages have been used.

| NAME AND ADDRESS OF 3 WORK RELATED REFEREES (Must someone who you reported to and must not be related to the applicant) | | | | |
|--|-----------|-----------|-----------|--|
| | REFEREE 1 | REFEREE 2 | REFEREE 3 | |
| Name | | | | |
| Position and Organization | | | | |
| Capacity in which referee is known to applicant | | | | |
| Immediate Phone Contact | | | | |
| Email address | | | | |

| CANDIDATE DECLARATION | |
|---|---|
| Ideclare that the is and correct. I understand that providing inaccurate, mislea withholding information renders me liable for Summary Dism Application does not constitute an offer of employment. I auti considered necessary to verify the information provided by me is | issal from FRA. I understand that this horize the FRA to make any enquiries |
| Signature | Date (dd/mm/yy) |

Attachments Checklist

| 1. | Detailed CV attached | YES 🗆 | NO 🗆 |
|----|--|-------|------|
| 2. | Certified copy of Transcripts and Certificates | YES 🗆 | NO 🗆 |
| 3. | Additional Pages utilized | YES 🗆 | NO 🗆 |

Applications are to be emailed to <u>recruitment@fijiroads.org</u>.

Subject of the email should be 'Vacancy: - State the position advertised'.

Late applications will not be considered. Only shortlisted candidates will be contacted.